

Developmental Disabilities Council

2005 Membership Application

(Please attach resume if available)

(Please type or print clearly)

Application Instructions:

- Complete the entire application form. When you have completed all the fields, **print** and sign the completed application. Send the signed application to:
Developmental Disabilities Council
PO Box 48314
Olympia WA 98504-8314
Attn: Cathy Townley
- Applicants are strongly encouraged to attach a current resume or biography.
- Application available in alternative formats.

Attach additional sheets if necessary:

Name and Contact Information:

Name: _____

Work Information

Work Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Work Fax: _____
Work E-Mail: _____ Work County: _____

Home Information

Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Home Fax: _____
Home E-Mail: _____ Home County: _____

Legislative District: _____ Congressional District: _____

Are you registered to vote in Washington State? ____ Yes ____ No

Are you a citizen of the United States? ____ Yes ____ No

Have you ever been convicted of a crime (*excluding traffic offenses under \$100*)? ____ Yes ____ No

If so, please explain: _____

Experience (*volunteer or paid, including membership on boards, committees, etc.*)

Education (*high school, name & location of college or university, year graduated, & degree*)

Current employment (*job title, employer, employment date, contact, phone*):

What is your particular interest in the DDC?

Previous employment or experience: _____

Memberships in professional or community organizations (please include offices held and dates of terms): _____

References (name, title, contact phone number): _____

Personal Information:

Note: The Governor desires a broad representation of backgrounds and commissions. The information below will assist in this goal and is voluntary on your part.

☐ Black/African-American ☐ White/Caucasian Are you Latino(a), Hispanic or Spanish?
☐ Asian or Pacific Islander ☐ American Indian or Alaska Native ☐ Yes ☐ No

If you are Asian or Pacific Islander, please check one box below:

☐ Chinese ☐ Vietnamese
☐ Filipino ☐ Asian Indian
☐ Hawaiian ☐ Japanese
☐ Korean ☐ Cambodian
☐ Samoan ☐ Laotian
☐ Guamanian ☐ Other: _____

If you are American Indian or Alaska Native, please provide the information below:

☐ Eskimo
☐ Aleut

If you are Latino(a), Hispanic or Spanish, please check one box below:

☐ Mexican, Mexican-American, Chicano
☐ Puerto Rican
☐ Cuban
☐ Other Latino(a), Hispanic or Spanish
Enter group, such as Columbian, Dominican, etc. _____
☐ Other Race: _____

Do you have a Developmental Disability? ☐ Yes ☐ No **(PLEASE SEE ATTACHED DESCRIPTION)**

If yes, what accommodations are needed to serve on the Board? _____

Birth Date: _____ / _____ / _____ ☐ Female ☐ Male

_____ Primary Consumer (person with a disability) _____ Secondary Consumer (family member or guardian of a person with a disability)
_____ Interested Party _____ Service Provider

Signature: _____ **Date:** _____ / _____ / _____

Remember to print your completed application and mail to the address on the first page of this application. Thank you for your interest in the Developmental Disabilities Council.